## 10030364842

FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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NEC HALL CENTER	
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Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typin er the lines.	g, type	12FE4M5	,			
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Check if different										
	than previously reported. (ACC)  J_O_H, N_S, I_S_L, A_N D  S_C  2.9 4 5 7 - 0.0 3 1									
2.	FEC IDENTIFICATION N	UMBER ▼ _	CITY			STATE A	ZIP COL	•		
	C 0 0 4 7 9 7	5 0 3	. IS THIS	NEW	, [	AMENI		DISTRICT		
_	<u>                                      </u>	<u> </u>	REPORT	(N)	OR	(A)	Is c	لسما		
4.	TYPE OF REPORT (Ch	oose One) (b)	12-Day PRE	-Election Repo	ort for the:		<u> </u>	<u>!                                     </u>		
	(a) Quarterly Reports:					ī <b>.</b>		<u> </u>		
	April 15 Quarterly i	Report (Q1)		Primary (12P	) 	General (	12G) 📙 I	Runoff (12R)   		
	July 15 Quarterly F	Report (Q2)		Convention (	12C)	Special (1	128)	! !		
	October 15 Quarte		Election on	M M /	0,8	2_0_1_0	in the State	. 11		
	January 31 Year-Er	nd Report (YE) (c)	30-Day POS	r-Election Report for the:						
	_			General (30G	i) [	Runoff (3	OR)	Special (30S)		
	Termination Report	(TER)	Election on	M M	D D /		in the State	of		
5.	Covering Period 0	3 ' 1 9 ' 2	<u>_0_1_0</u>	through	M M M 0_6	/ [0 0 0 / 3_0 /	2.0.1.0			
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.										
Тур	e or Print Name of Treasure	(ASSISTAN	T TREASU	RER) BE	N FRASI	ER	·			
Sigi	nature of Treasurer	ASSISTANT	TREASUR	ER)	D	ate 0 6	/ <mark>3 0</mark> /	2_0_1_0		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2; U.S.C. §437g.										
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